FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017343 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Physical Therapy Assn. Inc. PAC Date Received **ELECTRONICALLY FILED** 01/06/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 166 Hargraves Drive, Suite C-400-148 χ Change of Address Austin, TX 78737 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Keri NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Jackson CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 166 Hargraves Drive, Suite C-400-148 STREET **ADDRESS** (Residence or Business) Austin, TX 78737 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 166 Hargraves Drive, Suite C-400-148 MAILING **ADDRESS** X Change of Address Austin, TX 78737 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 981-9574 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2024 12/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texas Physical Ther	apy Assn. Inc. PAC		00017343			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Briscoe Cain State Representa	ative			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	1	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	350.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITICA	AL EXPENDITURES	\$	6,597.22		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	7,202.76		
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	<u>'</u>		<u> </u>			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the ac mation required	ecompanying report is to be reported by me		
		Ms. Keri	i Jackson			
		Signature of Car	mpaign Treasur	er		
AFFIX NOTA	RY STAMP / SEAL ABOVE					
Sworn to and subscrib	oed before me, by the said _	, th	nis the	day		
of	, 20, to certify	which, witness my hand and seal of office.				
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 14
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Physical Therapy As	ssn. Inc. PAC			00017343	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Bryan Hughes State Sen	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris-Davila St	tate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charles Cunningham Sta	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, classily by party.)	<u> </u>			

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME							13 Filer ID	(Ethics Commissi	ion Filers)
exas Physical Therapy A	seen Inc DAC						00017343		on Filers)
		T						·	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	red C	Cody Harris	State Rep	presentativ	e		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	÷d						
	2. Measures	A. Suppor	ted						
	(Describe by date and location of election and nature of issue.)								
		B. Oppose	:d						
	3. Officeholders Assisted								
	(Identify by name or, if applicable, classify by party.)	,							
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	ted C	Cody Vaust	State Rep	presentative	e		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	ed .						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted						
		B. Oppose	ed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
COMMITTEE	Candidates	1	ted E	milio DeAya	ala State	Penresent	estive		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				aia Giaic	Κ εριοσσ	auve		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	:d						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	ted						
		B. Oppose	÷d						
	3. Officeholders Assisted								
	(Identify by name or, if applicable, classify by party.)	.]							

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Physical Therapy A	ssn. Inc. PAC				00017343	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mary Gonzalez S	State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ramon Romero 3	r. State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jose Menendez	State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if					

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 6 of 14 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Texas Physical Therapy Assn. Inc. PAC 00017343 14 COMMITTEE 1. Candidates A. Supported Armando Walle State Representative **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				7 of 14
17 COM	имітте	EE NAME	18 Filer ID	(Ethics Commission Filers)
Tex	as Phy	ysical Therapy Assn. Inc. PAC	00017343	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 100.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$ 250.00
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 6,597.22
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	ONS			SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	1	Total pages Sc Sch: 1/1 Rpt:			
2	FILER NAME Texas Physi	cal Therapy Assn. Inc. PAC		3	Filer ID (Ethic	cs Commission	n Filers)
4	Date 12/09/2024	5 Full name of contributor out-of-state PAC (ID#: Geelhoed, Michael 6 Contributor address; City; State; Zip Code	7	Amount of Con	tribution (\$)	\$100.00	
8	Principal occu	San Antonio, TX 78240 spation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>			
_	Student	pation 7 300 title (See instructions)	2 Employer (See Instructions	<i>-</i>			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instru	ctic	on Guide explains how to complete this form.	form. 1 Total pages Schedule C3: Sch: 1/1 Rpt: 9/14					
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)			
	Texas Physi	cal	Therapy Assn. Inc. PAC		00017343				
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)				
	12/12/2024		Jones and Cowen Physical Therapy Inc.			250.00			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a cotogony pet listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/5 Rpt: 10/14	Texas Physical Therapy Assn. Inc. PAC 00017343
4 Date	5 Payee name
12/02/2024	Affiniscape Merchant Solutions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.22	200 Bridge Point Pkwy, Bldg 4 Ste 250
Expenditure from	Auctin TV 70720
corporate funds	Austin, TX 78730
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Merchant Fees
	Credit Gard Welchant 1 ees
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to bettern eye	
Date	Payee name
12/06/2024	Briscoe Cain for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 7
Expenditure from corporate funds	Deer Park, TX 77536
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
	Campaign Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/06/2024	Bryan Hughes for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 450
Expenditure from corporate funds	Mineola, TX 75773
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 11/14	Texas Physical Therapy Assn. Inc. PAC 00017343
4 Date	5 Payee name
12/06/2024	Caroline Harris-Davila for State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/11/2024	Charles Cunningham for House District 127
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	110 W. Main Street
Expenditure from corporate funds	Humble, TX 77338
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
12/06/2024	Cody Harris for State Representative
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1007 N. Mallard St.
Expenditure from	
corporate funds	Palestine, TX 75801
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeriolder/Political Committee Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 12/14	Texas Physical Therapy Assn. Inc. PAC 00017343
4 Date	5 Payee name
12/11/2024	Cody Vasut for State Representative
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 2724
Expenditure from corporate funds	Angleton, TX 77516
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Emilio Mano DeAyala Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	
\$500.00	12335 Kingsride Lane #416
Expenditure from corporate funds	Houston, TX 77024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Mary Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 450
Expenditure from corporate funds	Clint, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 13/14	Texas Physical Therapy Assn. Inc. PAC 00017343
4	Date	5 Payee name
	12/06/2024	NR Bookkeeping LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.00	PO Box 91061
X	Expenditure from corporate funds	Austin, TX 78709-1061
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Compliance Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/11/2024	Ramon Romero Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 181
	Expenditure from corporate funds	Fort Worth, TX 76101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Campaign Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/06/2024	Sen Jose Menendez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4522 Fredericksburg Road Suite A-22
	Expenditure from	
٢	corporate funds	San Antonio, TX 78201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Sampaigh Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

oursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - I Cor	nmittee	Legal Services				xpens Vages	e /Contract Labor ete this form.		Travel Out of D OTHER (enter	istrict a category not list	ed above)
1	Total pages Schedule F1:	2	FII FR NAME	=						3	Filer ID	(Ethics Com	mission Filers)
	Sch: 5/5 Rpt: 14/14	_	Texas Phys		py Assn. I	nc. PAC	2				00017343	•	
4	Date	5	Payee name										
	12/11/2024		Walle for Te										
6	Amount (\$)	7	Payee addre	ss; City	' ;	State;	Zip Co	de					
	\$500.00		4101 Wash	ington Ave	9.								
⊩	Expenditure from		Harriston T										
٢	corporate funds	(-)	Houston, T					(1-)					
8	PURPOSE OF	(a)	Category (S				edule)	(D)	Description Chack if travel	oute	ido of Toyas Co	mplete Schedule ⁻	
l	EXPENDITURE		Contribution Candidate/				ittoo		<u> </u>		, officeholder livir		· ·
			Carialdater	Jiliceriola	51/1 OIILICAI	Commi	ittee		Campaign C			3 - 1	
									p 3				
9	Complete ONLY if direct	. (Candidate/Offi	ceholder na	ame	0	office sou	ght			Office h	neld	
	expenditure to benefit C/OI	1											